



THE UNIVERSITY OF
TOLEDO
1872

CWA Corrective Action Form

Name: _____ Rocket #: _____ Date: _____
Position: _____ Department: _____
Union Representation Present: YES NO _____ Employee Initials

Check One: Written Reprimand Suspension # days _____ Termination

Investigatory Meeting held: _____ (Date)

Reason	Behavior
1 <input type="checkbox"/>	Job Abandonment / No Call No Show 11 <input type="checkbox"/>
2 <input type="checkbox"/>	Breach of Confidentiality / HIPAA/FERPA 12 <input type="checkbox"/>
3 <input type="checkbox"/>	Failure to Timely Report Off / Late Call In 13 <input type="checkbox"/>
4 <input type="checkbox"/>	Irregular / Patterned Attendance 14 <input type="checkbox"/>
5 <input type="checkbox"/>	Dishonesty / Theft / Falsification 15 <input type="checkbox"/>
6 <input type="checkbox"/>	Unsafe Conduct / Practices 16 <input type="checkbox"/>
7 <input type="checkbox"/>	Loafing / Sleeping on the Job / Quitting Early 17 <input type="checkbox"/>
8 <input type="checkbox"/>	Failure to Perform Duties / Unsatisfactory Performance 18 <input type="checkbox"/>
9 <input type="checkbox"/>	Failure of Good Behavior / Unprofessional 19 <input type="checkbox"/>
10 <input type="checkbox"/>	Away from work assignment or location / Neglect of Duties 20 <input type="checkbox"/>
	Harassment / Fighting / Threatening Behavior <input type="checkbox"/>
	Absenteeism / Tardiness (non-sick time) <input type="checkbox"/>
	Immoral / Unethical Conduct <input type="checkbox"/>
	Insubordination / Failure to follow a direct order <input type="checkbox"/>
	Alcohol Use / Abuse and/or Chemical Use/Abuse <input type="checkbox"/>
	Unauthorized / Improper use of UT Property <input type="checkbox"/>
	Other Just Cause (detail below or in a letter) <input type="checkbox"/>
	Failure to maintain licensure/certification/position requirements <input type="checkbox"/>
	Failure to follow safety / infection control protocols <input type="checkbox"/>
	Failure to document work time <input type="checkbox"/>

Brief Description of the Facts: _____

Relevant Policies/Articles: _____

Policy/Article # Policy/Article Name

Prior Discussion/Coachings/Discipline: _____

Expectations: _____

Signatures: _____

I agree with above I disagree with above (*Written statement may be attached*).

My signature below only indicates that I have received this information and understand it. I also understand that future instances may result in corrective action up to and including termination of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Union Rep Signature: _____ Date: _____

Original to Human Resources; Copies to Employee, Department File and Union Office (if applicable)